

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
RESIDENTIAL TREATMENT COST REPORT

SCHEDULE C-1 MEDICAID HRI EXPENSES		MENTAL HEALTH RESIDENTIAL MEDICAID PROVIDERS									
Tax ID #		Mental Health Svc	Foster Care Therapeutic Child	Therapeutic Behavioral Services	BHLTR 4 Beds or Less	BHLTR 5 Beds or More	BHLTR 4 Beds or Less	BHLTR 5 Beds or More		OTHER CAP MR, ICF MR, etc.	
Facility Name		LEVEL I	LEVEL II	LEVEL II	LEVEL III	LEVEL III	LEVEL IV	LEVEL IV	PRTF		
Audit Date:		H0046	S5145	H2020	H0019	H0019	H0019	H0019			TOTAL
		1	2	3	4	5	6	7	8	9	10
Position Count/FTE's per category											
MEDICAID TREATMENT EXPENSES											
1a.	Salaries and Wages - Direct Care										
1b.	Salaries and Wages - Q										
1c.	Salaries and Wages - Other Staff										
2	Employee Benefit Program										
3	Payroll Taxes										
4	TOTAL SALARIES AND RELATED EXPENSES										
5	Medicaid Supplies										
6	Contract Labor										
7	Bloodborne Pathogen (OSHA) for Medicaid Program FTE's										
8	Employee Criminal Records Check Fees for Medicaid FTE's										
9	Other										
10	TOTAL MEDICAID TREATMENT EXPENSES										
11	TOTAL MEDICAID RESIDENT DAYS PROVIDED										
PROGRAM EXPENSES											
SALARY EXPENSES (Do not include Social Workers or Admin., see Line 88)											
12	Salaries and Wages										
13	Employee Benefit Program										
14	Payroll Taxes										
15	TOTAL SALARIES AND RELATED EXPENSES										
SOCIAL SERVICES (SOCIAL WORKERS ONLY. Do NOT include Admin. See Line 88)											
16	Salaries and Wages										
17	Employee Benefit Program										

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		1	2	3	4	5	6	7	8	9	10
18	Payroll Taxes										
19	TOTAL SOCIAL WORKERS COST										
	HOUSEKEEPING/SHELTER COST										
20	Cleaning Supplies										
21	Outside Laundry Service										
22	Utilities										
23	Repair & Maintenance Building & Grounds										
24	Repair & Maintenance Equipment										
25	Sanitation & Pest Control										
26	Rent- Facility										
27	Rent-Buildings/Land										
28	Linen & Bedding										
29	Equipment										
30	Miscellaneous										
31	TOTAL HOUSEKEEPING /SHELTER COST (total of lines 20-30 described in instructions)										
	DIETARY/FOOD COST										
32	Food										
33	Dietary Supplies/Equipment										
34	Miscellaneous										
35	TOTAL DIETARY/FOOD COST (total of lines 32-34 described in instructions)										
	PERSONAL NEED COSTS/CLOTHING										
36	Clothing										
37	Personal Hygiene Items										

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		1	2	3	4	5	6	7	8	9	10
38	Medical Supplies										
39	Physician Fees & Hospitalization										
40	Non-Legend Drugs and Medical Services										
41	Beauty and Barber Shop										
42	Miscellaneous										
43	TOTAL PERSONAL NEED COSTS/CLOTHING (total of lines 36-42 described in instructions)										
	RECREATIONAL COSTS										
44	Recreation Supplies/Equipment/Games										
45	Recreation Allowance										
46	Youth Admission Fees										
47	Youth Dues										
48	Miscellaneous										
49	TOTAL RECREATIONAL COSTS (total of lines 44-48 described in instructions)										
	EDUCATIONAL COST FOR CHILDREN										
50	Educational Supplies										
51	Activity Fees										
52	Class Dues										
53	Travel Cost										
54	Miscellaneous										
55	TOTAL EDUCATIONAL COST (total of lines 50-54 described in instructions)										
	TRANSPORTATION COST										
56	Travel Cost										
57a	Miscellaneous										

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Facility Name											
Audit Date:											
		LEVEL I	LEVEL II	LEVEL II	LEVEL III	LEVEL III	LEVEL IV	LEVEL IV			TOTAL
		H0046	S5145	H2020	H0019	H0019	H0019	H0019			
		1	2	3	4	5	6	7	8	9	10
57b TOTAL TRANSPORTATION COST (total of lines 56-57a described in instructions)											
58 Foster Care Board Payments to Foster Parents											
59 Total Room & Board Expense (Total of lines 31,35,43,49,55,57b,58)											
OTHER COSTS											
60 Office Supplies											
61 Insurance - Vehicle											
62 Insurance - Fixed Assets											
63 Insurance - General											
64 Automobile & Truck Maintenance											
65 Telephone											
66 Postage											
67 Dues & Subscriptions											
68 Legal & Accounting											
69 Interest - Automobile											
70 Interest - Mortgage											
71 Interest - Fixed Assets											
72 Interest - Operating											
73 Audit											
74 Rent - Automotive/Equipment											
75 Rent - Office											
76 Real Estate Taxes											
77 Data Processing											
78 Travel & Entertainment											
79 Licenses for individuals											

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80	Licenses for facility										
81	Bloodborne Pathogen (OSHA) for Non-Medicaid FTE's										
82	Employee Criminal Records Check Fees for Non- Medicaid FTE's										
83	Management Services										
84	Advertising										
85	Printing										
86	Meetings/Seminars/Training (Include Operations Personnel Costs to set up)										
87	Miscellaneous										
88	Salaries & Other Expenses										
89	TOTAL OTHER COSTS										
90	TOTAL EXPENSES BEFORE DEPRECIATION (Sum of lines 10, 15, 19, 59, 89)										
DEPRECIATION											
91	Depreciation - Building & Improvement - Office										
92	Depreciation - Automotive										
93	Depreciation - Equipment										
94	TOTAL DEPRECIATION										
TOTAL RATE SETTING EXPENSES (Sum of lines 90, 94)											
NON-ALLOWABLE EXPENSES											
96	Child Development										
97	Other Child and Family Services										
98	Higher Education										
99	Bad Debts										
100	Multi-Purpose Group Home										

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101	Miscellaneous &Non-Allowable costs - Medicaid										
102	In Kind Donations / Contributions										
103	Penalties										
104	Extraordinary Items										
105	TOTAL NON-ALLOWABLE EXPENSES										
106	TOTAL TO MATCH AUDIT (Line 95 plus line 102)										
107	TOTAL RESIDENT DAYS PROVIDED										
110	Total Allowable Expenses by Definition of Service										